

Name: _____
 Mailing Address: _____
 City, State, Zip Code: _____
 Daytime Phone Number: _____
 Evening Phone Number: _____
 Representing: ☐ Self ☐ Petitioner ☐ Respondent
 (If Attorney) State Bar Number: _____

SUPERIOR COURT OF ARIZONA IN COCHISE COUNTY

_____ Petitioner	Case No. _____ ATLAS No. _____ CONFIDENTIAL SENSITIVE DATA FORM (Not a public record. Access for Court staff ONLY)
_____ Respondent	

Fill out. File with Clerk of Court. Omit Social Security & Account Numbers when requested on other forms.

A. Personal Information:

	Name	Date of Birth <small>(Month/Day/Year)</small>	Social Security Number
Petitioner:	_____	_____	_____
Respondent:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____
Child:	_____	_____	_____

B. Financial Account Numbers (including credit cards, financial and investment accounts, debts):

Financial Institution	Type of Account	Name(s) of Account Owner	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Pension and Retirement Accounts (including IRAs, 401Ks):

Financial Institution	Type of Account	Name(s) of Account Owner	Account #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. Life Insurance Policies:

Insurance Company	Type of Policy	Name(s) of Policy Owner	Policy #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____